

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037902

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

53

Primary Registration District No.

3010

Registrar's No.

479

STATE FILE NUMBER

FILED NOV 8 1962

1. PLACE OF DEATH a. COUNTY <u>CAPE COUNTY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>CAPE GIARDEAU</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CAPE GIARDEAU</u>		c. CITY OR TOWN <u>JACKSON</u>	
Length of stay in lb <u>12-4 yrs</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>SOUTHEAST HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>MADISON ST</u>	
3. NAME OF DECEASED (Type or print) First <u>SARAH</u> Middle <u>E</u> Last <u>BAUGH</u>		4. DATE OF DEATH Month <u>10</u> Day <u>27</u> Year <u>1962</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-3-1889</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (City and state or country) <u>CAPE GIARDEAU CO. U.S.A</u>
13a. FATHER'S NAME <u>OLIVER BIRCH</u>		13b. MOTHER'S MAIDEN NAME <u>MARY KINDER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, if unknown) (If yes, give war or periods of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT <u>ROBERT BAUGH</u>		Address <u>JACKSON-MO</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Mesenteric Thrombosis</u> Cholecystitis & cholelithiasis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>8 yrs.</u> DUE TO (c) <u>24 hrs.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>8 yrs.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>—</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>6:20</u> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <u>1950</u> to <u>10-27-62</u> and last saw her alive on <u>10-27-62</u> Death occurred at <u>6:20</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>E.F. McDonald, MD.</u> (Degree or title)		22b. ADDRESS <u>Jackson, Mo.</u>	22c. DATE SIGNED <u>10-30-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>10-30-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>RUSSELL HEIGHTS</u>	23d. LOCATION (City, town, or county) (State) <u>JACKSON MO</u>
24. FUNERAL DIRECTOR <u>M Combs</u>	ADDRESS <u>JACKSON-MO</u>	25. DATE RECD. BY LOCAL REG. <u>11-5-1962</u>	26. REGISTRAR'S SIGNATURE <u>Ernest Kasten</u>

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bruce Perkins

Licensed Embalmer No. 5097
P. O. Address Jackson MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.